

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Application Construction <input type="checkbox"/> Non-Construction </div> <div style="width: 45%;"> <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction </div> </div>		2. DATE SUBMITTED 	Applicant Identifier
		3. DATE RECEIVED BY STATE 	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY 	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: 	Organizational Unit:
Address (give city, county, state, and zip code): <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Name and telephone number of person to be contacted on matters involving this application (give area code) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A. State</div> <div style="width: 50%;">H. Independent School Dist.</div> <div style="width: 50%;">B. County</div> <div style="width: 50%;">I. State Controlled Institution of Higher Learning</div> <div style="width: 50%;">C. Municipal</div> <div style="width: 50%;">J. Private University</div> <div style="width: 50%;">D. Township</div> <div style="width: 50%;">K. Indian Tribe</div> <div style="width: 50%;">E. Interstate</div> <div style="width: 50%;">L. Individual</div> <div style="width: 50%;">F. Intermunicipal</div> <div style="width: 50%;">M. Profit Organization</div> <div style="width: 50%;">G. Special District</div> <div style="width: 50%;">N. Other (Specify) </div> </div>
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">A. Increase Award</div> <div style="width: 30%;">B. Decrease Award</div> <div style="width: 30%;">C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">D. Decrease Duration</div> <div style="width: 30%;">Other (specify):</div> <div style="width: 30%;"></div> </div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	9. NAME OF FEDERAL AGENCY: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> TITLE: 	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$.00

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input type="checkbox"/> No		
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative	b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed